

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

STEVEN McDERMOTT,)
)
STACEY McDERMOTT,)
)
Plaintiffs,)
)
vs.)
)
)
FEDEX GROUND PACKAGE)
SYSTEM, INC.,)
)
T.S. PRUITT,)
Defendants,)
)

CIVIL ACTION NO.: 1:04-CV-12253-JLA

**DEFENDANT, FED EX GROUND PACKAGE SYSTEM, INC.'S
SECOND REQUEST FOR PRODUCTION OF DOCUMENTS AND TANGIBLE
THINGS PROPOUNDED TO THE PLAINTIFF, STEVEN MCDERMOTT**

The Defendant, FedEx Ground Package System, Inc. ("FedEx"), pursuant to Fed. R. Civ. P. 34 and Local Rules 26.5(C) and 34.1, requests the following documents be available for discovery and inspection at the offices of Campbell Campbell Edwards & Conroy, One Constitution Plaza, Boston, MA 02129 within thirty (30) days:

DEFINITIONS

1. "You" and "Your" shall mean Steven McDermott, and shall include information in the possession, custody or control of his attorneys, agents and representatives.
2. "Incident" shall mean the February 7, 2003 incident to which reference is made in the complaint.
3. "FedEx" shall refer to Fedex Ground Package System, Inc., and its employees, agents, servants, officers, principals, and directors.



REQUESTED DOCUMENTS AND TANGIBLE THINGS

13. All documents maintained by any and all educational institutions attended by Plaintiff Steven McDermott, including, without limitation, all degrees, diplomas or awards, grade reports and records of attendance.
14. Copies of all employment applications completed by or on behalf of Steven McDermott, and any employment-related materials obtained within the ten (10) year period preceding the accident through present.
15. Each document which supports the plaintiff's claim of diminished future earning capacity as a result of the injuries allegedly sustained in the incident.
16. Any documents which describe the injuries or damages for which you seek compensation in this litigation.
17. Any documents which constitute the hospital charts or medical records for any hospitalization or medical treatment of Steven McDermott at any time from ten years prior to the incident to the present. Attached hereto is a HIPAA release to obtain such records.
18. Any photographs, x-rays or other medical films which depict any injuries suffered by Steven McDermott as a result of the incident. Attached hereto is a HIPAA release to obtain such records.
19. All applications for disability benefits filed by or for Steven McDermott since 1998, including but not limited to all materials submitted in connection with such applications and all documents received in response to such applications. Attached is a release to obtain such records.
20. All correspondence between the plaintiff (and persons acting on his behalf) and any other party or third person or entity (or persons acting on its behalf) concerning the incident.



21. Any documents which identify any eyewitness to the incident.
22. Any documents received by the Plaintiff when he was a truck driver, without limitation, including any manuals or written warnings or instructions.
23. Any documents relevant to the subject matter of this action authored, prepared or otherwise attributable to FedEx or any of their agents or employees.
24. Any settlement agreements and releases executed by any person in connection with the incident.
25. Any correspondence between you or anyone acting on your behalf and FedEx and Mr. Pruitt concerning the incident.
26. All documents upon which the plaintiff relies on to support his contention that FedEx and/or Tim Pruitt was negligent.
27. Reports, logs, notes and other documents authored by persons who inspected the incident scene and/or Mr. McDermott's truck before or after the incident.
28. Reports, logs, notes and other documents authored by Steven McDermott concerning the trip he was taking at the time of the incident.
29. All documents by means of which you or persons acting on your behalf notified FedEx and/or Mr. Pruitt of the incident.
30. Steven McDermott's worker's compensation records for this incident. Attached is a HIPAA release to obtain such records.
31. Prints of all photographs and copies of all videotapes or movies which depict Steven McDermott's injuries, Steven McDermott within one year prior to the incident, and Steven McDermott at the present.

32. All documents submitted to and received from insurance companies concerning claims for benefits made as a result of the incident, including your insurer for the truck you were operating at the time of the alleged incident.

33. All documents describing any damage to the truck you were operating at the time of the incident that was incurred due to the incident, including all appraisal reports and repair records and invoices.

TANGIBLE ITEMS FOR INSPECTION

1. The subject truck Mr. McDermott was operating at the time of the alleged incident for inspection.
2. Any tangible items found at the scene of the incident.

Dated: July 13, 2006

Fed Ex Ground Package System, Inc.
By its Attorneys,
**CAMPBELL CAMPBELL EDWARDS & CONROY
PROFESSIONAL CORPORATION**



James M. Campbell
Adam A. Larson
Michael R. Brown
One Constitution Plaza
Boston, MA 02129
(617) 241-3000

CERTIFICATE OF SERVICE

I, Adam A. Larson, of Campbell Campbell Edwards & Conroy Professional Corporation, hereby certify that on July 13, 2006 a true copy of the above document was served upon the attorneys of record by Facsimile and First Class Mail.



Adam A. Larson



AUTHORIZATION FOR THE RELEASE OF EMPLOYMENT RECORDS

TO:

I, STEVEN MCDERMOTT, hereby authorize you to release to Adam A. Larson, Esq. of Campbell Campbell Edwards & Conroy, Professional Corporation, or to their duly designated agent, any and all of my documents which refer to, relate to or comment on my previous employment, including, but not limited to, my entire employment file, my rate of pay, dates of attendance, dates of employment, insurance coverage, educational background, benefits, medical condition, records of physical examination, training and job related education, job evaluations and reviews, and documents concerning termination of employment.

I further authorize you to accept either the original or a photostatic copy of this authorization.

This authorization does not expire until expressly withdrawn by the undersigned.

STEVEN MCDERMOTT

Date of Birth:

01/24/1965

DATE



AUTHORIZATION FOR THE RELEASE OF EDUCATIONAL RECORDS

TO:

I, STEVEN MCDERMOTT, hereby authorize you to release to Adam A . Larson, Esq. of Campbell Campbell Edwards & Conroy, Professional Corporation, or to their duly designated agent, any and all of my documents which refer to, relate to or comment on my education, including, but not limited to, admission records, testing records, medical examinations, medical histories, transcripts, report cards, truancy records, detention and other disciplinary records, athletic participation records, and scholastic achievement awards.

I further authorize you to accept either the original or a photostatic copy of this authorization.

This authorization does not expire until expressly withdrawn by the undersigned.

STEVEN MCDERMOTT
Date of Birth: 01/24/1965

DATE

Social Security Administration

Consent for Release of Information

Please read these instructions carefully before completing this form.

When To Use This Form

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or insurance company).

Natural or adoptive parents or a legal guardian, **acting on behalf of a minor**, who want us to release the minor's:

- nonmedical records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F3. You can get this form at any Social Security office.

How To Complete This Form

This consent form must be completed and signed only by:

- the person to whom the information or record applies, or
- the parent or legal guardian of a minor to whom the **nonmedical** information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:

- Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- Fill in the name and address of the individual or group to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB content number.

TIME IT TAKES TO COMPLETETHIS FORM—We estimate that it will take you about 3 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

OMB No. 0960-0566

TO: Social Security Administration

Date: _____ Relationship: _____
SSA-3288 Internet (12/99)

**AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH
INFORMATION**

1. I hereby authorize _____ to use or disclose the
(Name of hospital/physician)
following protected information from the records of the patient listed below. I understand that information
used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so,
may not be subject to federal or state law protecting its confidentiality.

2. Patient Name: Steven McDermott
Date of Birth: [REDACTED]
Social Security #: [REDACTED]
Address: [REDACTED] Street
Bellingham, MA 02019

3. Information to be disclosed to: Campbell Campbell Edwards & Conroy, P.C.
Name
1 Constitution Plaza Boston MA 02129
Address City State Zip

4. Disclose the following information for treatment dates: 1995 to Present
(circle appropriate categories)

<input checked="" type="checkbox"/> Complete Records	<input checked="" type="checkbox"/> X-Ray
<input checked="" type="checkbox"/> Abstract	<input checked="" type="checkbox"/> Laboratory
<input checked="" type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Pathology
<input checked="" type="checkbox"/> Discharge Summary	<input checked="" type="checkbox"/> Physical Therapy
<input checked="" type="checkbox"/> History and Physical	<input checked="" type="checkbox"/> Emergency Reports
<input checked="" type="checkbox"/> Consult	<input checked="" type="checkbox"/> Psychotherapy Records
<input checked="" type="checkbox"/> Outpatient Reports	<input checked="" type="checkbox"/> Other specified <i>*All radiology films</i>

5. The above information is disclosed for the following purposes: (circle appropriate categories)

Medical Care Legal Insurance Personal At request of the individual Other _____

6. I understand that I may revoke authorization at any time by requesting such of the above referenced hospital
or physician practice in writing unless action has already been taken in reliance upon it, or during a
contestability period under applicable law.

7. This authorization expires upon termination of the litigation.

8. I further authorize you to accept either an original or a photostatic copy of this authorization, each having the
same full force and effect as if it were itself the original.

9. _____ Signature of Patient or Legal Representative	10. _____ Date
Steven McDermott Printed name of patient or patient's representative	11. _____ Relationship to patient or authority to act for patient

**IMPORTANT: THIS AUTHORIZATION SHALL BE DEEMED INVALID UNLESS ALL
NUMBERED ENTRIES ARE COMPLETED**

AUTHORIZATION FOR THE RELEASE OF WORKERS'
COMPENSATION RECORDS

I, Steven McDermott, DOB: [REDACTED], SS#: [REDACTED] hereby authorize Worker's Compensation Commission and/or Workers' Compensation Insurer to release to Adam A. Larson, Esq. of Campbell Campbell Edwards & Conroy Professional Corporation, or to a duly designated agent, any and all of my Worker's Compensation records in your possession, custody or control, including but not limited to:

1. The entire contents of all Workers' Compensation claim files for Steven McDermott.
2. The entire contents of all claim files for claims filed with you by Steven McDermott or someone acting on his behalf concerning any injuries that Steven McDermott incurred.
3. All correspondence and other documents evidencing any type of communication between Steven McDermott or anyone acting on his behalf and your Worker's Compensation Insurer or anyone acting on its behalf concerning any claims filed by Steven McDermott.
4. All cancelled checks, invoices or other documentation evidencing any payments made by your Worker's Compensation Insurer or any other person or entity to Steven McDermott.
5. All medical records and bills involving Steven McDermott.
6. All records and reports involving Steven McDermott, including but not limited to, any records and reports regarding inspections and investigations including OSHA reports.
7. All photos, videotapes and recorded statements, involving Steven McDermott.

I further authorize you to accept either the original or a photostatic copy of this authorization.

Dated: _____

STEVEN MCDERMOTT

Form

4506

(Rev. November 2005)

Department of the Treasury
Internal Revenue Service**Request for Copy of Tax Return**

- **Do not sign this form unless all applicable lines have been completed.**
Read the instructions on page 2.
- **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-0429

Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T**, Request for Transcript of Tax Return, or you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first. Steven McDermott	1b First social security number on tax return or employer identification number (see instructions) <div style="background-color: black; width: 100px; height: 1.2em; margin: 5px 0;"></div>
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return <div style="background-color: black; width: 100px; height: 1.2em; margin: 5px 0;"></div>

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code
175 Mechanic Street, Bellingham, MA 02019

4 Previous address shown on the last return filed if different from line 3

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.

Caution: If a third party requires you to complete Form 4506, **do not** sign Form 4506 if lines 6 and 7 are blank.

- 6 Tax return requested** (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►
- Note.** If the copies must be certified for court or administrative proceedings, check here. ☐

- 7 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

12 / 31 / 199912 / 31 / 200012 / 31 / 200112 / 31 / 200212 / 31 / 200312 / 31 / 200412 / 31 / 200512 / 31 / 2006

8 Fee. There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.	
a Cost for each return	\$ 39.00
b Number of returns requested on line 7	8
c Total cost. Multiply line 8a by line 8b	\$ 312.00

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☐

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

**Sign
Here**

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

 Telephone number of taxpayer on
line 1a or 2a
()

General Instructions

Section references are to the Internal Revenue Code.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 5.

How long will it take? It may take up to 60 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

Note. If you are requesting more than one return and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team 3651 South Interregional Hwy. Stop 6716 AUSC Austin, TX 78741
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team 5045 E. Butler Ave. Stop 38101 Fresno, CA 93727
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team 2306 E. Bannister Road Stop 6705-B41 Kansas City, MO 64130
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695

Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.